

12-06-04

IPW

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER					Attorney's Docket No: A-527H	
Serial No. 10/666,696	Filing Date 19 September 2003	Examiner Teresa D. Wessendorf	Group Art Unit 1639			
Indep. Application of FEIGE et al.						
For MODIFIED PEPTIDES AS THERAPEUTIC AGENTS						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input checked="" type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$430.00) <input type="checkbox"/> Three months of original due date (\$980.00) <input type="checkbox"/> Four months of original due date (\$1,530.00) <input type="checkbox"/> Five months of original due date (\$2,080.00) <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application. <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$88	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$300 = 0.00
Total Additional Fee for this Amendment					\$0.00	
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed. <input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____ Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$100.00. A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
Please Send Future Correspondence To: US Patent Operations/[TJG] Dept. 4300, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799			 Timothy J. Gaul Attorney for Applicants Registration No.: 33,111 Phone: (805) 447-2688 Date: December 3, 2004			

EXPRESS MAIL CERTIFICATE

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Sherry L. St. Andrew
Printed Name

Signature



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): FEIGE, et al.

Serial No.: 10/666,696

Group Art Unit No.: 1639

Filed: September 19, 2003

Examiner: Teresa D.
Wessendorf

For: MODIFIED PEPTIDES AS
THERAPEUTIC AGENTS

Docket No.: A-527H

AMENDMENT AND RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Communication dated August 3, 2004.

Amendments to the Specification are reflected on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks/Arguments begin on page 5 of this paper.

EXPRESS MAIL CERTIFICATE

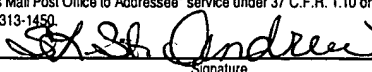
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Sherry L. St. Andrew

Printed Name


Signature